## TITLE PAGE AND ORIGINALITY STATEMENT

**Title of the manuscript:**

.............................................................

**Authorship:**

**Contact details of main authors:**

| | |
|---|---|
| The **first** author's name | |
| Phone number | |
| Email | |
| **Corresponding** author's name | |
| Phone number | |
| Email | |

**Signatures of all authors:**

*(Consistency are needed within the order of the authors' names in the article, along with affiliation information, including department, university, hospital, and country)*

| Order | Authorship | | |
|---|---|---|---|
| 1 | Name | : | |
| | Affiliation | : | |
| | Email | : | |
| | ORCID ID | : | |
| | Authorship role | : | |
| | Signature | : | |
| 2 | Name | : | |
| | Affiliation | : | |
| | Email | : | |
| | ORCID ID | : | |

| Order | Authorship | | |
|---|---|---|---|
| | Authorship role | : | |
| | Signature | : | |
| 3 | Name | : | |
| | Affiliation | : | |
| | Email | : | |
| | ORCID ID | : | |
| | Authorship role | : | |
| | Signature | : | |
| 4 | Name | : | |
| | Affiliation | : | |
| | Email | : | |
| | ORCID ID | : | |
| | Authorship role | : | |
| | Signature | : | |
| 5 | Name | : | |
| | Affiliation | : | |
| | Email | : | |
| | ORCID ID | : | |
| | Authorship role | : | |
| | Signature | : | |

*Add page if not enough

**Declaration of Conflicting Interest**

..........................................................

**Funding**

..........................................................

Authorship Statement

**Acknowledgment:**

.............................................................

**Ethical Registered Number / Declaration**

.............................................................

**Declaration of Use of AI in Academic Writing**

*Please select one:*

● The author used AI in the writing process to improve readability and remove grammatical errors. However, we took full responsibility for the content.

● Nothing to declare

**Authors Agreement**

1. The author is responsible for the publication of the accompanying article.

2. The author approved that the article will be published in formats for the Nursing and Health Sciences Journal.

3. The article has not been submitted and published in any journal.

4. The author agrees to **pay the journal APC within 10 days** if our article is accepted for publication. The author agrees to pay the penalty if we withdraw the article according to the **Article Withdrawal Policy**.

........, ........... *(city and date)*

Author

*Sign here*

.............................................................
*(full name of author)*